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General guidelines are provided, which may be adapted to specific problems and conditions in individual school systems.

Background material distinguishes between corrective reading instruction by the regular teacher in the classroom and remedial reading involving instruction received outside the regular classroom. A review of causative factors in reading failure is given.

A specific program for instruction in remedial reading is not given. Emphasized are expert diagnosis of reading failure, adequate facilities, and well trained and sufficient personnel. A model Reading Center is described, even to the location of electrical outlets, and includes a floor plan, furniture, equipment, and activity use of space. In addition, instructional materials are listed for use in reading clinics located away from the center.

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Manuel

A Model [illegible] of Remedial Reading

[illegible]ared by
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U.[illegible] of Education

BACKGROUND — (Discussion of Remedial Reading)

This is a somewhat misunderstood and frequently maligned educational expression. In some respects it is an unhappy combination of words because "remedial" suggests that something (in this case, a skill) is being remedied. Generally speaking, this is not true with reading, since the fact is that children and youth requiring "remedial reading" have not really acquired basic reading skills in the first place.

In reality, most of those involved in remedial instruction are not patching up or rebuilding previously-learned skills; they are really involved in a <u>developmental</u> program. At least, such should be the aim of all reading instruction, i.e. to take the learner at his present level of achievement and to move as rapidly as possible to a level of achievement commensurate with his potential or capacity.

But the term, remedial reading, has been in use educationally for such a long time that we are probably stuck with it. For that reason, it is well to differentiate two types of reading instruction which might be considered as being apart from ordinary reading instruction. These are "remedial reading" and "corrective reading" instruction.

<u>Corrective reading</u> would include all the special activities involving small group and individual instruction employed by the regular

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classroom teacher in the classroom to assist pupils who are experiencing difficulty in reading.

Whenever it becomes necessary for a pupil to receive extra help outside the regular classroom (usually through a specially-trained remedial teacher), he is then said to be involved in remedial reading. Such instruction may occur individually or in small groups (sometimes in groups as large as 20 for high school and college students), but it is nearly always based upon a thorough diagnosis of the individual's instructional needs. Frequently, such work (diagnosis and instruction) occurs in a reading clinic or reading center. Typically, remedial instruction is highly individualized and seldom occurs in groups larger than 4 to 6.

Remedial reading instruction is not basically different from regular reading instruction. The difference is primarily one of degree and intensity. Remedial instruction is more highly individualized and is tailored to individual needs on the basis of diagnostic testing. Also, the teacher is more likely to utilize reading games and other instructional devices in order to enhance motivation. Otherwise, there is no real difference except in the training and skill required of the remedial teacher. This, of course, accounts in part for the great shortage of qualified remedial reading teachers.

Motivation is extremely important in all remedial instruction because pupils, at whatever level in school, have usually experienced years of failure and frustration before being referred for remedial work. Most clinics and school systems do not regard a pupil as a candidate for remedial instruction unless his performance in reading is at least one year below

his expected performance level based upon one or more standardized tests of reading achievement and mental capacity). Some clinics, because of the heavy demand for their services, restrict referrals to those pupils for whom the achievement-expectancy disparity is at least two years.

Some educators maintain that the need for remedial reading might eventually be eliminated through better administration and instruction, plus the use of adequate teaching materials and methods. This view, while partially defensible, seems to place too much responsibility upon the educational factor as the cause of reading failure. Actually, reading failure is the result of multiple causation with a variety of factors acting together.

The following factors are generally recognized as causative in relation to reading failure:

1. Intellectual factors
2. Constitutional factors
3. Environmental factors
4. Emotional factors
5. Educational factors

A thorough diagnosis of the causes for failure in reading will, in any given case, reveal difficulties in one or more of the above areas. Frequently there is an interaction among several factors, especially in cases of severe retardation. Generally speaking, the more severe the retardation in reading, the greater the number of causative factors.

Intelligence

The correlation between reading ability and intelligence is usually high. For this reason, it is important to know a child's mental ability when making a decision concerning his expected level of performance in reading. For culturally and educationally deprived children, however, it is often difficult to ascertain their true mentality. Group intelligence test results for them must always be regarded with suspicion, and even tests such as the Wechsler and Binet frequently give spuriously low estimates of the learning rates and achievement potentials of such children.

It is probably better to regard all culturally deprived children as at least normal in ability and to proceed with instruction on that basis. Later, after appropriate instructional techniques have been tried, a more accurate estimate of learning potential can be made and the expected level of performance either raised or lowered.

Despite the fact that no intelligence test is entirely culture-free, it is felt that some measure of mentality is desirable. Probably the Wechsler Intelligence Scale for Children and the Wechsler Adult Intelligence Scale are as useful as any measures for this purpose. Since they provide both a verbal and a non-verbal IQ, they are especially useful in identifying language weaknesses as opposed to general mental deficiency. These tests, of course, should be administered only by a trained psychologist.

If a group test is used, the California Test of Mental Maturity offers one of the same advantages as the WISC. It provides both a language and a non-language score, as well as total mental age and IQ scores.

Some clinicians have found that they can obtain more valid results by presenting the entire test orally and discussing the child's responses with him. Sometimes correct answers are marked for the wrong reasons, and, conversely, a child sometimes has difficulty in marking his booklet even though he knows the correct answer. These facts are not apparent when group tests are administered under typical testing conditions, nor is it possible under such conditions to give the encouragement some children need in order to do their best.

Constitutional Factors

Ability to read may be affected adversely by any of the following factors: 1) Visual defects; 2) Auditory defects; 3) Difficulties in motor control, and 4) Physical defects and debilitating conditions.

Binocular vision tests are the only tests which validly test vision in relation to reading performance. Either the Keystone Telebinocular or the Ophthalmograph is useful for such testing. Visual defects should be suspected whenever a child manifests any of the following symptoms:

(1) Excessive reversals

(2) Excessive line skipping, word and letter omissions, and repetitions

(3) Extremely slow reading rate

(4) Errors in words of similar shape

(5) Evidence of eye-strain, such as blinking, frowning, squinting, watering eyes, complaining of eyes or headaches

(6) Unusual positions of holding the book, very near, very far, or turning head or book to one side

Audiometric testing should be a standard procedure in every reading clinic, since hearing defects are so easily overlooked as causes of academic

(4) Frequent moves

(5) Illiteracy or foreign language with inadequate reading interests or insufficient language background for reading

Emotional Factors

Any child who is upset emotionally is certain to experience some degree of difficulty in learning. Some emotional problems directly affect reading performance; others result from reading failure, and they in turn impede further progress. Some of the attitudes which impede reading progress include the following:

(1) General emotional immaturity

(2) Excessive timidity

(3) Predilection against reading

(4) Predilection against all school activities, including reading

Some children, especially those from culturally deprived communities, actually resist learning to read and, ~~academic achievement~~ achieving academically because failure in these areas is a mark of "belonging." Some withdraw from reading, because if they don't try, they can't really fail. Some develop compensatory mechanisms, perhaps even excelling in some area such as sports. Some display defeatism and some, hypertension.

Still other children acquire associated or "conditioned" emotional responses concerning reading, which becomes linked in the child's mind with some unpleasant experience, such as punishment, fear, or negative reactions.

difficulty. Auditory defects should be suspected whenever a child manifests the following symptoms:

(1) Excessive errors in the vowel and consonant sounds of words

(2) Additions and omissions of sounds

(3) Reading or speaking too softly or too loudly

(4) Speech defects

(5) Confusion of words which sound nearly alike

(6) Inattention while others read or speak

(7) Inability to use phonics in word attack

(8) Misunderstanding oral directions

Difficulties in motor control may also contribute to reading failure. Some of the underlying causes include injury at birth, illnesses affecting the nervous system, glandular disorders, and Chorea. A change of handedness may also produce poor coordination. Poor motor control may result in the following characteristics in reading:

(1) Excessive reversals and repetitions

(2) Stammering during oral reading

(3) Line skipping and losing place

(4) Variations in reading rate, especially jerky or spasmodic reading

(5) Erratic, uncontrolled eye movements

(6) Erractic, impulsive behavior

A debilitating condition may make reading an almost impossible chore. Such a condition may result from malnutrition, obesity, infections, glandular dysfunctions, asthmatic and allergic conditions, and the after-effects of childhood diseases. Inadequate rest and irregular meals may also result in

apathy and inattention. A thorough physical examination is indicated for pupils who manifest the following characteristics:

(1) Inability to concentrate on reading

(2) Apathetic, listless behavior

(3) Irritability, hyperactivity, nervousness

(4) Yawning, fatigue, and sleepiness

Environment

One of the greatest contributors to reading difficulty for the culturally deprived child is his home environment. Many such children come to school barely able to communicate in standard English and with such a paucity of language experiences that they are almost permanently handicapped in reading. Thrusting such children into typical first grade reading programs merely compounds the trouble, even for those who seem to make normal progress. A rich background of experiences is needed before children are ready to appreciate and understand the world of books.

Furthermore, negative parental attitudes are frequently transferred to the culturally deprived child. Sometimes such children acquire the feeling that to try is useless. Attitudes which later impede school progress have often been determined before the child comes to school. Home factors which contribute to a child's reading disability and to undesirable emotional attitudes include the following:

(1) Lack of cooperation between home and school

(2) Emotional insecurity, resulting from broken home, instability of parents, parental quarreling, sibling rivalry, or conflicting and inconsistent discipline.

(3) Economic insecurity

Educational Factors

The school itself is a contributing factor in reading failure, sometimes through inappropriate or inadequate materials, sometimes through failure to adjust methods to individual differences and needs, and sometimes through rigid administrative procedures which interfere with effective teaching. Failure to provide suitable diagnostic and remedial services for pupils who need them may result in the unnecessary continuation of reading failure. Such prolonging of reading problems makes these problems more difficult to relieve. For this reason it is important for the school to provide diagnostic and remedial facilities, even in the primary grades, in order to accomplish early identification and treatment of reading difficulties.

PROGRAM GUIDELINES

Since remedial reading involves any special reading instruction which occurs outside the regular classroom, there are obviously many kinds of remedial reading programs. As a result, it is impossible to prescribe any single program which would meet all needs and fit every local situation. It is therefore recommended that local administrators and reading supervisors adapt and adjust the following model to the specific problems and conditions present in their own school systems.

No remedial instruction should be attempted without some form of diagnostic testing. This testing may be as simple as an informal reading inventory or as complex as the Durrell Analysis of Reading Difficulty. Both of these instruments are frequently used when a complete diagnosis

is being made at a reading clinic. The effectiveness of these tests as diagnostic tools is determined largely by the teaching experience of the examiner. Although it is possible for an inexperienced clinician to administer these tests by following relatively simple directions, much of their diagnostic usefulness depends upon examiner insights which are apparent only to those who have taught children to read.

Diagnosis can never be final and conclusive because reading instruction involves a fluid situation. Therefore, the results of diagnostic tests should be regarded as tentative and subject to revision, as the instructional program progresses. In other words, diagnosis must be continuous, with each new bit of information gathered about a pupil modifying his instruction to some degree. Remedial instruction, then, involves a great deal of adaptability and flexibility on the part of the teacher.

In addition to reading tests, the diagnostic program should include an analysis of all the causative factors already reviewed under BACKGROUND. The whole child must be considered since reading disabilities are so complex. Treatment of symptoms without the removal of underlying causes may sometimes result in minimal improvement, but sometimes makes conditions worse.

Development of an adequate remedial reading program depends upon suitable facilities and personnel. Many schools have attempted to develop a program without these key factors.

Remedial reading teachers should be, first of all, successful classroom teachers of reading at the level on which they are to work with remedial cases. In addition, they should have either university training

for reading specialists, or should serve an ~~apprenticeship~~ internship in a reading clinic, working under the supervision of an experienced clinician. One of the functions a school reading clinic should be to provide practical training for other members of the teaching staff on a rotating basis. Such a system not only maintains a reserve pool of remedial teachers, but also upgrades classroom instruction by acquainting teachers with the nature of reading problems and their correction.

Size of the clinic staff would depend upon the number of children needing remedial instruction. Preferably, the clinic should serve only one school or a cluster of schools within the same neighborhood. The clinics should be coordinated by a Reading Center director, whose office would be centrally located. The Reading Center, in addition to serving as the administrative hub for the neighborhood clinics, would also provide specialized services and would perform certain of the diagnostic procedures requiring special skills and equipment.

Personnel

The Reading Center director should have an outstanding background of training and experience which would qualify him for an administrative staff rating equivalent to that of an assistant or associate superintendent of schools. He would have full responsibility for staffing and administering the Reading Center and the community clinics and would report directly to the Superintendent of Schools. The director would also be fully responsible for the ~~apprentice~~ intern program and the inservice education

of reading teachers. His qualifications should extend across all levels of reading and not be limited merely to remedial techniques.

The Reading Center would require the services of a full-time psychologist skilled in both group and child therapy techniques. He would also be responsible for administering some of the individual intelligence tests and in conducting seminars on test interpretation for the clinic staff members.

The other Reading Center staff members would include an assistant to the director and two full-time secretaries. The director's assistant should be a master teacher with experience, if possible, in both the primary and middle grades. She would assist with teaching demonstrations and would work closely with classroom teachers whose pupils were clinic referrals.

Each community clinic would have a full-time secretary and four full-time instructor-clinicians. One of these professionals would devote one-quarter-time to administrative duties and would report directly to the Reading Center director.

The teaching load would be determined by the instructional needs of referrals, who might be expected to spend anywhere from six weeks to two years in the reading clinic before being returned to their classrooms for reading instruction. Some of these referrals would require individual instruction; others would profit from small group work. The minimum instructional period would be 30 minutes daily; but flexibility would be employed in planning the teaching schedules. Each teacher would reserve at least one hour per day for developing lesson plans, preparing materials, and setting up equipment.

The clinic teachers should be familiar with both group and play therapy techniques and qould need to meet periodically with the psychologist ~~for the purpose of~~ demonstration and receive instruction. Some of these workshops would occur on Saturdays and would require additional financing.

Instruction would have to be highly individualized. Each pupil should be helped to see evidence of his own improvement at all times, and the teachers should be skilled in helping children make use of self evaluation techniques. On the other hand, they should avoid too much reliance upon praise, since this can sometimes become an indispensable crutch without which a child will not try.

Facilities

The Reading Center and each reading clinic should be equipped with large quantities of reading materials of every description on every instructional level and in every area of interest. Reading games, as well as books, should be available for ready use. There should also be an abundance of sound films, recordings (tapes and discs), film strips, charts and slides. These should be indexed for quick availability.

The main library and materials laboratory should be located in the Reading Center, under the control of the assistant to the director. Certain clerical duties connected with the circulation of materials could, of course, be handled by one of the secretaries.

Each clinic should be equipped with a 16 mm. sound projector and at least two film strip projectors, as well as at least four tape recorders. Certain other instructional equipment would be desirable, if not essential:

a Keystone Tachistoscope, a Controlled Reader, a Tach-X projector and a reading accelerator of the Shadowscope variety.

Large quantities of tag board, a Slide'n cut paper cutter, scissors, paste, colored chalk, crayons, magic markers, construction paper, and other supplies normally associated with kindergarten and first grade should also be available. Each teacher should have a chart holder, as well as a tack board and chalk board.

The instructional area for each teacher should be equipped with individual tables and movable chairs, designed for small children. The area should be at least 20 feet by 20 feet. In addition, there should be a larger classroom suitable for showing films to 15 or 20 children at once. This room might also be equipped with study carrels around its perimeter in order to make it more functional.

The Reading Center should be designed for both clinic and intern use. Therefore, the area must be flexible and the furniture movable. Much use will be made of films, filmstrips, flannel boards, and other instructional visual aids, plus such instructional machines as the tachistoscope, reading controllers, etc. It is necessary to have a large number of books, both professioan and those written for children, readily available.

The following detailed description is offered to assist in planning the design of the Reading Center: (See Page 20 For Sketch of Layout.)

NAME OF ROOM: Classroom

NUMBER OF ROOMS REQUIRED: One

SIZE AND CAPACITY OF ROOM: This room should be at least 720 square feet. This area should accommodate from 18-25 students.

ACTIVITIES TO BE CARRIED ON IN ROOM:

The learning experiences presented in this room will be primarily ones which require active participation of the ~~students~~ faculty. They will be required to do research, examine reading books, engage in small group discussions, etc. Much of the material will be presented by means of audio-visual machines.

GENERAL DESCRIPTION OF THE ROOM:

This room should approach a square in shape. Book shelves, cupboards, chalkboards, tackboards, etc., should line the walls.

LOCATION OF ROOM IN RELATION TO OTHER ROOMS IN DEPARTMENT:

The classroom should be next to the observation room and a small conference area.

FIXED, BUILT-IN, OR SEMI-PERMANENT FURNITURE AND EQUIPMENT:

A two-way mirror glass should be between this classroom and the observation room. These windows should be set in the wall at a height of 26 inches from the floor and be at least 30 inches by 60 inches in size. A folding wall should separate the classroom from the conference area. This latter area may be used as additional space for the classroom.

MOVABLE FURNITURE AND EQUIPMENT:

Bookcases (200 feet of shelf space) should line one wall. There should be at least ten 4-drawer files for storage of loose printed material, tests, and reports.

TYPE AND ARRANGEMENT OF STUDENT SEATING AND DESKS OR OTHER WORKING SPACES:

This room should be furnished with trapezoidal tables and regular chairs. Space for 25 students.

CHALKBOARDS AND TACKBOARDS:

Chalkboard should line the front wall. Tackboard space should be along any available wall space.

STORAGE FACILITIES:

Cupboards for general storage of papers, tests, etc. These should be made secure.

DISPLAY CASES: None

NUMBER AND LOCATION OF UTILITIES:

There should be at least two electrical outlets on each wall.

SPECIAL CONSIDERATIONS FOR THIS ROOM:

There should be two exits from this room. One exit should be located in the conference area. This room should have facilities to make it possible to darken or soften lights so that observers can just see their note books and take notes; may necessitate clipboard with attached light. This is necessary because of the need to see into the observation room without being seen by examiner or the examinee.

Storage cupboards should be built to accommodate various teaching aids and mechanical apparatus with their movable carts, e.g. rolling into the closet, without being dismounted. Others should have shelves of various dimensions, some large enough to handle 30x48 poster board; such as drawer shelves or vertical storage racks for flannel boards and oversize paper stock and other visual aids.

NAME OF ROOM: Observation Room

NUMBER OF ROOMS REQUIRED: One

SIZE AND CAPACITY OF ROOM: This room should be 120 square feet; capacity two to five.

ACTIVITIES TO BE CARRIED ON IN ROOM:

There will be actual clinical work in reading carried on in this room. Interns will be working with children who need help in reading.

GENERAL DESCRIPTION OF ROOM:

Room should be rectangular (10x12) with at least three walls having one-way vision glass. The fourth wall should have a chalkboard and tackboard arrangement and a door leading directly from the observation room to the hallway.

LOCATION OF ROOM IN RELATION TO OTHER ROOMS IN DEPARTMENT:

This room should extend into the classroom-conference area. Should not be in a corner.

FIXED, BUILT-IN, OR SEMI-PERMANENT FURNITURE AND EQUIPMENT:

At least two one-way vision glass in two walls. A third or fourth wall should have a chalkboard.

MOVABLE FURNITURE AND EQUIPMENT:

This room should have a , various sized chairs, and comfortable furniture. One 4-drawer file should be located here.

TYPE AND ARRANGEMENT OF STUDEN NG AND DESKS OR OTHER WORKING SPACES: None

CHALKBOARDS AND TACKBOARDS:

At least six feet of each should line one wall.

STORAGE FACILITIES:

Full use of entire area below observation windows for bupboards with counter tops.

DISPLAY CASES: None

NUMBER AND LOCATION OF UTILITIES:

An electric outlet on each wall. These are needed for the various reading machines to be used.

SPECIAL CONSIDERATIONS FOR THIS ROOM:

This room must be as sound-proof as possible. The door leading to the hall should be "sound treated." A sound system should be included here. Sound should be piped both to the classroom and the office of the Director. Students in the classroom should hear as well as see the activity in the observation room.

A tilted mirrow, mounted in the ceiling, would permit observers to see child's responses and writing during certain tests when no conversation is taking place.

NAME OF ROOM: Clinic Room

NUMBER OF ROOMS REQUIRED: Eight

SIZE AND CAPACITY OF ROOM: Rooms should be 80 square feet and used by groups of two to three.

ACTIVITIES TO BE CARRIED ON IN ROOM:

Testing and general reading instruction to pupils in need of remedial reading. Use of various reading machines, e.g. tachistoscope.

GENERAL DESCRIPTION OF ROOM:

These rooms should approach a square. They should be attractive and really designed for children.

LOCATION OF ROOM IN RELATION TO OTHER ROOMS IN DEPARTMENT:

These rooms should be near the waiting area and in a quiet area. Could be built around the perimeter of the classroom-conference area, with the walls of that serving as hall walls to the clinic rooms.

FIXED, BUILT-IN, OR SEMI-PERMANENT FURNITURE AND EQUIPMENT:

Each room should have a cupboard divided into compartments of 14x14. These are to be used to store pupils' work and books. Each room should have provisions for a felt board or hook and loop board.

MOVABLE FURNITURE AND EQUIPMENT:

Table and two chairs plus various other kinds of comfortable chairs. Half of tables should be low enough for six-year olds. There should also be an easel board in each room.

TYPE AND ARRANGEMENT OF STUDENT SEATING AND DESKS OR OTHER WORKING SPACES:

None.

CHALKBOARDS AND TACKBOARDS:

A metal chalkboard should line the front wall. It should be mounted 30 inches from the floor and be as long as possible. With the use of magnets this board would also serve as a bulletin board.

STORAGE FACILITIES:

Cabinets under the windows. Should contain at least 4 compartments 14" x 20" x 14".

DISPLAY CASES: None

NUMBER AND LOCATION OF UTILITIES:

Each wall should have at least one electrical outlet.

SPECIAL CONSIDERATIONS FOR THIS ROOM:

These rooms should be as sound-proof as possible and air conditioned. One room might have a mounted screen and be considered the room to use when the conference requires use of visual material.

READING CENTER